



MISSOURI DEPARTMENT OF REVENUE  
**MISSOURI TAX REGISTRATION APPLICATION**  
P.O. BOX 3300  
JEFFERSON CITY, MO 65105-3300 (573) 751-5860  
E-mail: [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@dor.mo.gov)

FORM  
**2643A**  
(REV. 11-2003)

DLN (DOR USE ONLY)

**ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING.**

**1. List your current or prior tax numbers:**

Sales/Use Tax—Corporation Tax or Missouri Employer Withholding Tax

**2. Check the items for which you are applying:**

- |   |   |
|---|---|
| <input type="checkbox"/> Retail Sales Tax (Bond required)           | <input type="checkbox"/> Withholding Tax                                    |
| <input type="checkbox"/> Temporary Retail Sales Tax (Bond required) | <input type="checkbox"/> Withholding Tax (Domestic Employee)                |
| <input type="checkbox"/> Retail Liquor Sales (Bond required)        | <input type="checkbox"/> Withholding Tax (Transient Employer—Bond required) |
| <input type="checkbox"/> Temporary Retail Liquor Sales              | <input type="checkbox"/> Corporate Income Tax                               |
| <input type="checkbox"/> Vendor's Use Tax (Bond required)           | <input type="checkbox"/> Corporation Franchise Tax                          |
| <input type="checkbox"/> Consumer's Use Tax                         |   |

**3. Please indicate your reason for applying:**

- ☐ New Business ☐ Purchase of Existing Business ☐ Reinstating Old Business ☐ Other \_\_\_\_\_

**4. Describe the business activity, stating the major products sold and/or services provided.**

☐ Retail \_\_\_\_\_% ☐ Wholesale \_\_\_\_\_% ☐ Service \_\_\_\_\_% ☐ Manufacturer ☐ Contractor ☐ Other \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 5. Do you sell any type of alcoholic beverages? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you sell food items that are exempt from state sales tax? .....                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you lease/rent motor vehicles, that were purchased sales tax exempt, to Missouri customers? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you sell post-secondary educational textbooks? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are you liable for consumer's use tax? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you sell domestic utilities? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you sell aviation jet fuel? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Do you sell cigarettes or tobacco products? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**IF YOU ARE AN OUT OF STATE BUSINESS DOING BUSINESS IN MISSOURI, PLEASE ANSWER THE FOLLOWING QUESTIONS.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 13. Do you have a location or job site in Missouri? If yes, attach a list of your locations including address, city, state, and zip code. Indicate if the location is inside or outside the city limits. ....                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are orders taken from your Missouri customers by telephone, non-resident salesmen, etc.? If resident salesmen, attach a list of cities in which they live and indicate if they are inside or outside the city limits. .... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Do your representatives who reside in Missouri:  |                              |                             |
| A. Approve customer orders? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Make on the spot sales? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Maintain an inventory? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Deliver merchandise to the customer? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Do you have non-resident representatives, agents or temporary employees coming into Missouri on a regular or systematic basis? If yes, define the activities performed while in Missouri. ....                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Do you have real or tangible personal property in Missouri? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please describe: .....   |                              |                             |

**BUSINESS NAME AND PHYSICAL LOCATION**

<b>18. Business Name (attach list if necessary for additional locations)</b>		<b>Street, Highway (Do not use P.O. Box Number or Rural Route Number)</b>	
City, State, Zip Code		County	
<b>19. Federal Employer ID Number</b>		<b>Business Telephone Number</b>	
<b>20. Is this business located inside the city limits of any city or municipality in Missouri?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes—Specify the city: _____			

**OWNERSHIP TYPE****21. Please indicate your ownership type.**

- ☐ Sole Owner (may include spouse)  
☐ Partnership  
☐ Limited Partnership – LP Number \_\_\_\_\_  
☐ Limited Liability Partnership – LLP Number \_\_\_\_\_  
☐ Limited Liability Limited Partnership – LLLP Number \_\_\_\_\_  
☐ Government  
☐ Trust  
☐ Missouri Corporation – Missouri Charter No. \_\_\_\_\_ ☐ Date Incorporated: \_\_\_\_\_  
☐ Non-Missouri Corporation – Certificate of Authority No. \_\_\_\_\_ ☐ State of Incorporation and Date Registered in Missouri \_\_\_\_\_  
Limited Liability Company:  
☐ Taxed as a Partnership ☐ Taxed as a Sole Owner ☐ Taxed as a Corporation LLC Number \_\_\_\_\_  
☐ Other \_\_\_\_\_

**OWNER NAME AND ADDRESS****22. Owner Name (Enter Corporation Name, if applicable)**

Street, Route, or P.O. Box Number

City, State, Zip Code

County

Owner's Social Security Number

Owner's Birthdate

Owner's Telephone Number

**PREVIOUS OWNER INFORMATION (MUST BE COMPLETED)****23. Is there a previous owner/operator for the business?** ☐ Yes\* ☐ No \*If yes, the following section must be completed.

Name of Previous Owner/Operator

Name of Previous Business

Address of Previous Business

Missouri Tax ID No.

Missouri Withholding Tax ID No.

Check any of the following that you purchased from the previous owner:

☐ Inventory ☐ Fixtures ☐ Equipment ☐ Real Estate ☐ Other \_\_\_\_\_

Purchase Price

Seller's Name

**BUSINESS MAILING ADDRESS (Reporting Forms are mailed to this address.)****24. Street, Route or PO Box Number**

City

State

Zip Code

County

Which forms do you want mailed to this address? ☐ All Tax Types ☐ Sales/Use Tax ☐ Corporate Income Tax ☐ Employer Withholding Tax**RECORD STORAGE ADDRESS (Do not use PO Box Numbers.)****25. Street, Highway, Community**

City

State

Zip Code

County

26. Name (Last, First, Middle Initial)		Title		Social Security No. or FEIN	Birthdate
Home Address	City	State	Zip Code	County	Effective Date of Title
Name (Last, First, Middle Initial)		Title		Social Security No. or FEIN	Birthdate
Home Address	City	State	Zip Code	County	Effective Date of Title
Name (Last, First, Middle Initial)		Title		Social Security No. or FEIN	Birthdate
Home Address	City	State	Zip Code	County	Effective Date of Title

**27. Taxable Sales/Taxable Purchases Begin Date:** M M D D Y Y

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Temporary License **FROM:** M M D D Y Y **TO:** M M D D Y Y

January    February    March    April    May    June    July    August    September    October    November    December

☐ 1. Monthly (Over \$500 a month)      ☐ 2. Quarterly (\$500 or less a month)      ☐ 3. Annually (less than \$45 a quarter)

Estimated Monthly Taxable Sales	Tax Rate	Monthly Tax	Amount of Bond	*
_____	X _____	= _____	X 3 = _____	
				(Round to nearest \$10)
Visit <a href="http://www.dor.mo.gov/tax/salestbl.htm">www.dor.mo.gov/tax/salestbl.htm</a> to obtain sales tax rate information.				

30. Type of Bond ☐ 1. Surety Bond ☐ 2. Cash Bond ☐ 3. Irrevocable Letter of Credit ☐ 4. None Required ☐ 5. Certificate of Deposit

<b>31. Is this corporation registered with the Internal Revenue Service as a:</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span><input type="checkbox"/> Regular Corporation</span> <span><input type="checkbox"/> S Corporation</span> </div>									
<b>32. Corporate Tax Begin Date:</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>M</span><span>M</span><span>D</span><span>D</span><span>Y</span><span>Y</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> </div>									
<b>33. Corporation Taxable Year End:</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>M</span><span>M</span><span>D</span><span>D</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 15px;"></div> </div>									
<b>34. Will the corporation be required to make quarterly estimated Missouri income tax payments? If the Missouri Estimated Tax is expected to be at least \$250, check the "yes" box.</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> </div>									

TAX PREPARER NAME	TELEPHONE NO.	FEIN
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**EMPLOYER WITHHOLDING TAX**

35. Withholding Begin Date: M M D D Y Y

36. How many of your employees will work in Missouri?

Are all employees Missouri residents working in another state?

☐ Yes ☐ No

37. Estimated Monthly Gross Wages:

Withholding Tax Filing Frequency (check one)

- ☐ A. *Annually*, less than \$20 withholding tax per quarter ☐ M. *Monthly*, \$500 to \$9,000 withholding tax per month
- ☐ Q. *Quarterly*, \$20 withholding tax per quarter to \$500 per month ☐ W. *Quarter/Monthly (weekly)*, over \$9,000 withholding tax per month  
**(required to pay tax electronically)**

38. Does a parent company file withholding tax reports and receive full compensation?

☐ Yes ☐ No

39. If you do not pay wages year round, please circle months that you do.

January February March April May June July August September October November December

**40. Withholding Tax Courtesy Mailing Address (duplicate withholding tax notices will be mailed to this address)**

Business Name (DBA Name)

In Care of

Street, Route or PO Box

City

State

Zip Code

County

41. If you are an employer domiciled in a state other than Missouri and temporarily transacting business in Missouri, you may be defined as a transient employer. A transient employer must submit with this application a completed insurance certification slip indicating Missouri as a covered state for Workers' Compensation and a transient employer bond not less than \$5,000 nor more than \$25,000.

**CALCULATE TRANSIENT EMPLOYER BOND**

A. Missouri Withholding Tax

Monthly Gross Wages \_\_\_\_\_ x 6% = \_\_\_\_\_ x 3 = \_\_\_\_\_ (a)

B. Missouri Unemployment Tax

Average # of Workers \_\_\_\_\_ x \$7,000 = \_\_\_\_\_ x 3.38% = \_\_\_\_\_ / 4 = \_\_\_\_\_ (b)

(a) \_\_\_\_\_ + (b) \_\_\_\_\_ = \_\_\_\_\_ (Amount of bond—minimum \$5,000)

**TYPE OF BOND** ☐ Surety Bond ☐ Cash Bond ☐ Irrevocable Letter of Credit ☐ Certificate of Deposit

Comments:

**SIGNATURE (ALL APPLICANTS MUST SIGN.)**

42. I declare that the above information and any attached supplements is true, complete, and correct. The application must be signed by the owner, if the business is a sole ownership; partner, if the business is a partnership; reported officer, if the business is a corporation or by a member, if the business is a L.L.C. as reported on this application.

SIGNATURE

TITLE

DATE

**CONFIDENTIALITY OF TAX RECORDS**

Missouri Statue 32.057, RSMo, states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner, partner, member, or officer who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply us with a power of attorney giving us the authority to release confidential information to them. **(See Power of Attorney Form.)**